

Attachment A
General Instructions:

Each State must provide the information indicated below on its TANF program regardless of the funding source -- i.e., no matter whether the State used segregated Federal TANF funds, segregated State TANF funds, or commingled funds to pay for the benefit or service.

If the State elects to report on other benefits or activities provided through other program funding streams, please mention it after the TANF-funded benefits or activities for each item.

1. The State's definition of each work activity.

Unsubsidized employment is defined as full or part-time employment or self-employment in the public or private sector that is not subsidized by TANF or any other public program. Subsidized employment is defined as employment for which the employer receives a subsidy from TANF or other public funds to offset some or all of the wages and costs of employing a recipient. Work experience means a brief assessment period or process during which an individual is matched to a specific work experience training site prior to actual placement or actual placement in a formal job site training experience that provides an individual with an opportunity to acquire the general skills, training, knowledge, and work habits necessary to obtain employment. All work experience placements have a detailed training plan. The main purpose of work experience is to improve the employability of those who cannot find unsubsidized employment. Montana does not offer On-the-Job Training as an allowable activity at this time. Job search and job readiness assistance is defined as the act of seeking or obtaining employment, preparation to seek or obtain employment, including life skills training and substance abuse treatment, mental health treatment, or rehabilitation activities for those who are otherwise employable. Such treatment or therapy must be determined to be necessary and certified by a qualified medical or mental health professional. Community service means an assessment period to determine suitability for a CSP placement or any structured program and/or activity in which TANF participants perform work for the direct benefit of the community under the auspices of public or nonprofit organizations. Voc Ed Training is defined as assessment for or organized educational programs that are directly related to the preparation of individuals for employment in current or emerging occupations requiring training. This activity may include on-line or distance learning components. Job skills training directly related to employment is defined as training or education for job skills required by an employer to provide an individual with the ability to obtain employment or to advance or adapt to the changing demands of the workplace. Education directly related to employment in the case of a participant who has not received a high school diploma or a certificate of high school equivalency is defined as education related to a specific occupation, job or job offer. This may include education leading to a General Education Development (GED) or high school equivalency diploma, adult basic education and ESL. Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a participant who has not received a high school diploma or a certificate of high school equivalency is defined as regular attendance, in accordance with the requirements of the secondary school or course of study at a secondary school, or in course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate. Tribal NEW is defined as referral to, and enrollment with the Tribal NEW (Native

Employment Works) Contractors for participants who are enrolled tribal members residing on the reservation and who meet the NEW target group criteria.

2. A description of the transitional services provided to families no longer receiving assistance due to employment.

Effective July 1, 2008, Montana implemented a Post-Employment Program to families who are losing eligibility for regular TANF cash assistance due to the receipt of new or increased earned income. With the implementation of this program, the Work Support Payment was ceased. Post-employment households remain eligible for TANF cash assistance due to the disregarding of earnings through a higher earned income disregard. These households are considered TANF cash assistance recipients and continue to receive TANF child care assistance. The receipt of Post-employment benefits is limited to a three (3) month period. Some families are eligible for Transitional Medicaid under the rules of the Transitional Medicaid program.

3. A description of how a State will reduce the amount of assistance payable to a family when an individual refuses to engage in work without good cause pursuant to 45 CFR 261.14 of this chapter.

Effective January 1, 2008, the consequence for failing to comply with the FIA/EP is as follows: The first non-compliance (sanction) will result in the loss of an amount equal to an individual's portion of cash assistance for one month. This is referred to as a penalty month. The second non-compliance (sanction) will result in total household ineligibility for a period of one month. This is referred to as an ineligibility period. The third non-compliance (sanction) will result in total household ineligibility for a period of three months. This is referred to as an ineligibility period. The fourth or subsequent non-compliance (sanction) will result in total household ineligibility for a period of six months. This is referred to as an ineligibility period. The ineligibility period will follow the household members even if they move to another household and apply for benefits as part of that household, with the following exceptions: The children are removed from the sanctioned household by Child and Family Services and are determined eligible for child only TANF in another household; or the children are determined eligible for child only TANF in another household. The time clock continues to tick for the sanctioned individual during the first non-compliance penalty period. The time clock will not tick for anyone in the family for a second or subsequent non-compliance because no benefit will be issued. The sanctioned individual may continue to receive Medicaid coverage if otherwise eligible. For a first non-compliance, if the sanctioned individual is a "work-eligible" individual as defined in TANF Reauthorization regulations contained in the Deficit Reduction Act of 2005, they are required to negotiate a FIA/EP and agree to participate in allowable work activities during the sanction penalty month. Failure to do so will result in case closure as the negotiation of the FIA/EP is an eligibility requirement. If the sanctioned individual is not a "work-eligible" individual, they are not required to negotiate a FIA/EP and agree to participate in allowable work activities during the sanction penalty month. However, they must negotiate a FIA/EP for the following month prior to the end of the sanction penalty month in order to end the sanction. If the sanctioned individual does not negotiate a new FIA/EP the case is closed the last day of the one-month penalty period and must remain closed until the household reapplies for assistance and all eligibility requirements, including negotiation of a FIA/EP, are met. The non-compliance (sanction) does not apply for those individual receiving TANF cash assistance through the Post-Employment Program, instead the entire household becomes ineligible for TANF cash assistance.

<u>4. The average monthly number of payments for child care services made by the State through the use of disregards, by the following types of child care providers:</u>
<u>i. Licensed/regulated in-home child care:</u> 10
<u>ii. Licensed/regulated family child care:</u> 10
<u>iii. Licensed/regulated group home child care:</u> 23
<u>iv. Licensed/regulated center-based child care:</u> 62
<u>v. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a non-relative:</u> 2
<u>vi. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a relative:</u> 5
<u>vii. Legally operating (i.e., no license category available in State or locality) family child care provided by a non-relative:</u> 1
<u>viii. Legally operating (i.e., no license category available in State or locality) family child care provided by a relative:</u> 4
<u>ix. Legally operating (i.e., no license category available in State or locality) group child care provided by a non-relative:</u> 1
<u>x. Legally operating (i.e., no license category available in State or locality) group child care provided by a relative:</u> 0
<u>xi. Legally operated (i.e., no license category available in State or locality) center-based child care:</u> 6
<p><u>5. If the State has adopted the Family Violence Option and wants Federal recognition of its good cause domestic violence waivers under 45 CFR 260.50-58, then provide (a) a description of the strategies and procedures in place to ensure that victims of domestic violence receive appropriate alternative services and (b) an aggregate figure for the total number of good cause domestic waivers granted.</u></p> <p>Montana has adopted the Family Violence Option as stated in the State TANF Plan page 29 and 30. All applicants and participants are screened for the occurrence of domestic violence through a self-identification questionnaire. When domestic violence is identified, a referral is made to the Montana Coalition Against Domestic and Sexual Violence or other appropriate counselor/entity dealing with domestic violence/family safety and stabilization issues. It is the participant's responsibility to meet with the Coalition counselor/other entity that will make an assessment of the situation and either make a referral to other appropriate resources or continue to serve the participant. In identified domestic violence situations, only that information necessary to refer to services and to determine eligibility for benefits or exemptions is required at the time of disclosure and any custodial parent address information is suppressed when contact with the non-custodial parent(s) is necessary to meet child support enforcement requirements. The state may exempt a family from the application of subparagraph (A) of Section 408 (a)(7) by reason of hardship or if the family includes an individual who has been battered or subjected to extreme cruelty as defined in (iii) of this subparagraph. At this time, all applicants and participants are screened for incidents of domestic violence. Specialized case management is provided to those whose screening indicates a domestic violence barrier. However, currently no individuals are exempted from participation in work activities as defined by our state plan. An individual may be approved for extended benefits (past 60 months) based on their involvement in a current domestic violence situation and/or by suffering from temporary or permanent mental or physical illness or incapacity as a result of domestic violence.</p>

6. A description of any nonrecurrent, short-term benefits (as defined in 45 CFR 260.31(b)(1)) provided, including:

i. The eligibility criteria associated with such benefits, including any restrictions on the amount, duration, or frequency of payments;

ii. Any policies that limit such payments to families that are eligible for TANF assistance or that have the effect of delaying or suspending a family's eligibility for assistance;

iii. Any procedures or activities developed under the TANF program to ensure that individuals diverted from assistance receive information about, referrals to, or access to other program benefits (such as Medicaid and food stamps) that might help them make the transition from welfare to work.

Montana had previously reported on nonrecurrent, short-term benefits provided through the revolving loan housing assistance fund. These benefits are no longer provided; the last payment from this fund was paid in June 2006. Montana had previously reported on nonrecurrent short-term benefits provided in the form of a Work Support Payment of \$375 to families who are losing eligibility for TANF cash assistance because of new or increased earned income. These benefits are no longer provided; this program ended 6/30/08 with the implementation of the TANF Post-Employment Program (see (2) above). Individuals who are losing TANF cash assistance may still qualify for Transitional Medicaid under the rules of the Transitional Medicaid program. Montana has also implemented the TANF Information & Referral (I & R) brochure. Federal regulations allow expanding categorical eligibility for SNAP if all members participate in a program, receive a service or are authorized to receive a service that is funded with federal TANF or MOE dollars. The TANF service for Montana is a TANF I&R Brochure with information and referral to other various agencies, programs, organization or community resources that can benefit the entire SNAP household. If any one household member receives the TANF I & R brochure, the whole household may be found categorically eligible because the whole household benefits from the service. This includes elderly, disabled and childless individuals because the TANF I & R brochure is designed to educate and serve all individuals in the community who want to use the services.

7. A description of the grievance procedures the State has established and is maintaining to resolve displacement complaints, pursuant to section 407(f)(3) of the Social Security Act. This description must include the name of the State agency with the lead responsibility for administering this provision and explanations of how the State has notified the public about these procedures and how an individual can register a complaint.

As stated in the State Plan at II, D, Montana has a non-displacement policy and grievance procedure. Every employer is informed of the policy and procedure by the State or its contractor before the site is established. As with all labor laws, the employer is then responsible for informing his employees of the policy and procedure. The non-displacement policy and grievance procedure are also posted on the Montana Department of Public Health and Human Services Web Site. Non-displacement on Work Experience and/or Internship work sites is established (prior to placement) through the negotiation of an agreement between the State and the employer. A grievance procedure is in place to resolve complaints of alleged violations of the displacement rule and work site employers are informed of this procedure during the negotiation of the site agreement.

8. A summary of State programs and activities directed at the third and fourth statutory purposes of TANF (as specified at 45 CFR 260.20(c) and (d) of this

chapter).

a. Summarize below, the State programs and activities directed at preventing and reducing the incidence of out-of-wedlock pregnancies and establishing annual numerical goals for preventing and reducing the incidence of these pregnancies (TANF purpose 3):

MT continues its statewide efforts to prevent and reduce unintended pregnancies, with special emphasis on teenage pregnancies. The Interagency Coordinating Council (ICC) for State Prevention Programs is authorized in MCA 2-15.225. Designated members of the Council are the Attorney General; The Director of the Dept Public Health & Human Services; The Superintendent of Public Instruction; The presiding officer of the MT Children's Trust Fund Board; 2 persons appointed by the Governor who have experiences related to the private or nonprofit provision of prevention programs and services; The Administrator of the Board of Crime Control; The Commissioner of Labor and Industry; The state Coordinator of Indian Affairs; The Adjutant General of the Department of Military Affairs; The Director of the Department of Corrections; The Director of the Department of Transportation provided for in; The Commissioner of Higher Education; The designated representative of a state agency desiring to participate who is accepted as a member by a majority of the current coordinating council members. 1 of the 5 ICC goals is "reducing teen pregnancy and sexually transmitted diseases by promoting the concept that sexual activity, pregnancy, and child rearing are serious responsibilities." The Montana Prevention Resource Center continues to work with local communities to reduce teen pregnancy by way of their Americorps VISTA* program and their publications: Hot News and Prevention Connection. DPHHS has seen teen pregnancy and out of wedlock teen pregnancy rates remain relatively constant in recent years. Between 2005- 2006 Montana's teen pregnancy rate increased 3.2% and the teen birth rate increased 9%. Though teen pregnancy rates in Montana are below the national average, the pregnancy rate for Montana teens aged 15-19 has decreased at half the rate of the federal rate between 1991 and 2006, with the single-year teen pregnancy rate at 51.2 per 1,000 for 2006. The teen pregnancy rate using three-year rolling average between 2004 - 2006 is 50.1 pregnancies per 1,000. Out of wedlock rates are 85.6 per 1,000 among this age group in 2006. The provision of family planning services throughout the state provides affordable, confidential education and birth control to 29 communities throughout the state. These services have contributed to the previous stability of the rate of births to Montana teens. One of DPHHS' visions for MT Family Planning program is to reduce unintended pregnancies, including focusing on teen pregnancy prevention. In July 2007, the DPHHS adopted a new performance measure to increase the percent of MT middle and secondary schools that include comprehensive sex education as part of their health curriculum. National research concludes that programs that teach young people about abstinence & contraception demonstrate success in delaying sexual activity among youth & improving contraceptive use among those who are sexually active. This performance measure relates directly to a Health People 2010 objective. DPHHS Early Childhood Services Bureau was approved for federal TANF funding for seventy five \$5,000 projects for a total of \$375,000 for State Fiscal Year (SFY) 2005. This funding was continued at the same level for SFY 2007 and 2008 and grants have now been issued in a three-year cycle for 2008-2010. Montana Out-of-School Time (MOST) projects seek to provide opportunities to improve or enhance the quality of care, activities, and services to school-age children (5-18 yrs of age) and their families before- and after-school, on school holidays, and in the summer. The purpose of the MOST project is to strengthen MT families and promote healthy youth development by providing a

program design that will improve academic, social competencies, positive values and positive physical outcomes for children.

b. Summarize below, the State programs and activities directed at encouraging the formation and maintenance of two-parent families (TANF purpose 4):

Montana provides assistance to two parent households without requiring that they meet a deprivation criterion, which promotes the maintenance of two-parent families and marriage. In addition, Montana's efforts toward abstinence education (see a. above) utilize marriage promotion and the formation of two-parent families as part of its curriculum to promote healthy sexual behavior and parent/child or couple's communication.

9. An estimate of the total number of individuals who have participated in subsidized employment under §261.30(b) or (c) of this chapter. 0

Attachment B 0
Grantee Information

<u>State</u> MONTANA	<u>Fiscal Year</u> 2010
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Program Information

<p><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></p>
<p><u>1. Name of Benefit or Service Program:</u> Administrative and System Costs</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Administrative and system costs that are necessary to provide benefits and services for TANF eligible families.</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> Administrative and system costs that are necessary to provide benefits and services for TANF eligible families.</p>
<p><u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State </p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$5,000,059</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$856,773</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 3,752</p>
<p><u>This last figure represents (Check one):</u> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year. </p>
<p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> Must be eligible for TANF cash assistance.</p>
<p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
<p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0</p>

Attachment B 1
Grantee Information

<u>State</u> MONTANA	<u>Fiscal Year</u> 2010
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Program Information

<p><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></p>
<p><u>1. Name of Benefit or Service Program:</u> Basic Assistance</p>
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Funds used to provide basic assistance to families who are eligible for TANF cash assistance.</p>
<p><u>3. Purpose(s) of Benefit or Service Program:</u> Provide temporary basic assistance to needy families in Montana.</p>
<p><u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State </p>
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></p>
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$15,147,068</p>
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$511,000</p>
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 3,752</p>
<p><u>This last figure represents (Check one):</u> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year. </p>
<p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> Families must be eligible for TANF cash assistance.</p>
<p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
<p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0</p>

Attachment B 2
Grantee Information

<u>State</u> MONTANA	<u>Fiscal Year</u> 2010
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Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Children's Basic Coverage

2. Description of the Major Program Benefits, Services, and Activities:

This program provides mental health services for children and their families when the children are either not eligible for Medicaid or are not eligible for Montana's Mental health Services Plan (MHSP) because the children are not eligible for CHIP. This program also covers services for children and their families who are eligible for Medicaid or MHSP that are not paid by Medicaid, MHSP or CHIP.

3. Purpose(s) of Benefit or Service Program:

The purpose of this program is to assist children who are seriously emotionally disturbed that cannot receive services through other state funded programs. This program strengthens families and supports work because families are able to address the special needs of their children, stabilize the family and increase their ability to work outside the home.

4. Program Type. (Check one)

☒ TANF ☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):

There are no work activities required under this program.

6. Total State Expenditures for the Program for the Fiscal Year: \$171,633

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$171,633

8. Total Number of Families Served under the Program with MOE Funds: 77

This last figure represents (Check one):

☐ The average monthly total for the fiscal year. ☒ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Families are eligible as long as the family's countable income does not exceed 185% of the Federal Poverty Level and there is a child under the age of 19 who has been determined to be Seriously Emotionally Disturbed (SED). There is no resource test for this program.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☐ Yes ☒ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$1

Attachment B 3
Grantee Information

<u>State</u> MONTANA	<u>Fiscal Year</u> 2010
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Program Information

<p><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></p>	
<p><u>1. Name of Benefit or Service Program:</u> Non-Assistance</p>	
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Non-assistance providedc to TANF eligible families includes services that enable families to work and funds to fulfill the state's statutory obligation to provide MOE to Tribal TANF programs.</p>	
<p><u>3. Purpose(s) of Benefit or Service Program:</u> Provide non-assistance to TANF eligible families so they can find, accept and maintain employment.</p>	
<p><u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State </p>	
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></p>	
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$2,689,800</p>	
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$329,552</p>	
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 1,812</p>	
<p><u>This last figure represents (Check one):</u> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year. </p>	
<p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> Must be financially eligible for TANF cash assistance</p>	
<p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>	
<p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$1</p>	

Attachment B 4
Grantee Information

<u>State</u> MONTANA	<u>Fiscal Year</u> 2010
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Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Education and Training and other work activities.

2. Description of the Major Program Benefits, Services, and Activities:

Funds used to provide education and training or other work activities to families who are eligible for TANF cash assistance. The funds are spent on case management, monitoring of activities, supportive services, targeted adult basic education services over and above what is available to the general public, short-term training and other project to help individuals participate in required and allowable activities.

3. Purpose(s) of Benefit or Service Program:

Funds are used to enable families to participate in work activities that are allowable under the TANF regulations and outlined in Montana's TANF Work Verification Plan, which was approved September 10, 2007.

4. Program Type. (Check one)

☒ TANF ☐ State

5. Description of Work Activities (Complete only if this program is a separate State program):

6. Total State Expenditures for the Program for the Fiscal Year: \$10,505,398

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$10,344,107

8. Total Number of Families Served under the Program with MOE Funds: 3,752

This last figure represents (Check one):

☒ The average monthly total for the fiscal year. ☐ The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Families must be eligible for and receiving TANF cash assistance.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

☒ Yes ☐ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B 5
Grantee Information

<u>State</u> MONTANA	<u>Fiscal Year</u> 2010
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Program Information

<p><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></p>	
<p><u>1. Name of Benefit or Service Program:</u> Child Care MOE</p>	
<p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Funds are available to pay for child care for TANF eligible families.</p>	
<p><u>3. Purpose(s) of Benefit or Service Program:</u> To allow families to work or participate in work activities.</p>	
<p><u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State </p>	
<p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u></p>	
<p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$1,313,990</p>	
<p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$1,313,990</p>	
<p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 634</p>	
<p><u>This last figure represents (Check one):</u> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year. </p>	
<p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> Must be eligible for and receiving TANF cash assistance.</p>	
<p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>	
<p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0</p>	

Certification
Certify:

This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."

Signature 

Name Dolores Bock

Title

Date Submitted 01/14/2011

Approved OMB No. 0970-0248 Form ACF-204, expires 04/30/2009.